

FILED APR 5 1946  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ELIZABETH NICKELS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife Daniel A.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13th, 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Henry Reber

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Hauck

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Olive W. Klein

(b) Address 1929 Oregon Ave., St. Louis, Mo

17. (a) burial (b) Date thereof 3/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director W. A. Helder

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 29 1946 (b) J. F. Bruesch  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1929 Oregon Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1946 hour 1:10 minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 1 19 46 to March 27 19 46  
that I last saw her alive on March 27 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Duration \_\_\_\_\_

Due to Discharge of uric acid & hydro-nephrosis

Due to Extensive carcinoma of cervix

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Francis Reber (M. D. or other)  
Address 1515 Lafayette, St. Louis Date signed 3-27-46

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Hand.

Licensed Embalmer No. 2675

P. O. Address. St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**